



IO19826

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY08
PERMANENT
Retire 07/13

July 18, 2008

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: Aggregate adverse effect
incidents dated March and April 2008 for the reporting period
ending July 31, 2008**

This report is for the following pesticide product for the reporting period ending July 31,
2008:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

Incident Category
W-B

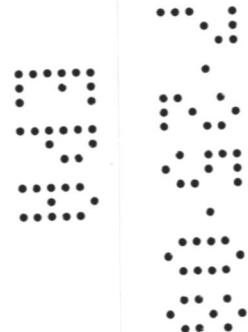
No. of Incidents
3

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at
(301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,

Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

- 001

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 3/4/08	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 3/4/08	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Paul Kokes		TELEPHONE NUMBER 308-289-0901	CONTACT NAME (If Non-APHIS) 	
DUTY STATION ADDRESS PO Box 767 Ogallala, NE 69153		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY Kimball	STATE NE	COUNTY Kimball	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) M-44 discharge				
INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Range/Pasture		SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] M-44s maintained on property.		
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Cyanide Capsule		ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) N/A		WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44s set on property to protect cattle from predation by coyotes. M-44 was discharged by two non-target swift fox.				

3/24/08

NAME OF PREPARER Vicki Vollmer	SIGNATURE <i>Vicki Vollmer</i>	TELEPHONE NUMBER 402-434-2340	DATE 3/24/08
NAME OF SUPERVISOR Tim Veenendaal	SIGNATURE <i>Tim Veenendaal</i>	TELEPHONE NUMBER 402-434-2340	DATE 3/24/08

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED 2
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SPECIES COMMON NAME swift fox	BREED (If known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

killed

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

none

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

M-44 capsule

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Pasture (resource was calves.)

ADDITIONAL FACTORS

NAME OF PREPARER Vicki Vollmer	SIGNATURE <i>Vicki Vollmer</i>	DATE 3/24/08
NAME OF SUPERVISOR Tim Veenendaal	SIGNATURE <i>Tim Veenendaal</i>	DATE 3/24/08

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 03/08/2008	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 03/08/2008	Date of last submission <input type="checkbox"/> Update		

EMPLOYEE NAME (To contact for additional information) Scott Evens	TELEPHONE NUMBER 701-728-6623	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
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DUTY STATION ADDRESS 903 59th Street North Granville, ND 58741	ADDRESS
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INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE ND	COUNTY McHenry	<input type="checkbox"/> Self <input type="checkbox"/> Media	<input type="checkbox"/> Telephone Call <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Letter <input checked="" type="checkbox"/> Other MIS Data

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) Other
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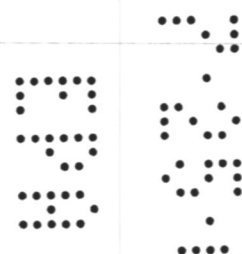
INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Rangeland/Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] M-44 device activated by non-target species - Raven, Common
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide
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WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
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IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44 device had been set as part of integrated predator damage program for livestock protection.
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NAME OF PREPARER Nancy Stephan	SIGNATURE <i>Nancy Stephan</i>	TELEPHONE NUMBER 701-250-4405	DATE April 2, 2008
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE <i>Phil Mastrangelo</i>	TELEPHONE NUMBER 701-250-4405	DATE April, 2 2008

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME Ravens, Common	BREED (If known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The bird was killed after activating M-44 device

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 device was set in range/pasture land for management of coyote predation on livestock.

ADDITIONAL FACTORS

NAME OF PREPARER Nancy Stephan	SIGNATURE <i>Nancy Stephan</i>	DATE April 2, 2008
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE <i>Phil Mastrangelo</i>	DATE April 2, 2008

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-003

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE <i>W-B</i>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New <i>April 16, 2008</i> <input type="checkbox"/> Update	Date of last submission	<i>April 1, 2008</i>	
EMPLOYEE NAME (To contact for additional information) <i>Chad Fox</i>		TELEPHONE NUMBER <i>540-381-7387</i>	CONTACT NAME (If Non-APHIS or different from reporter)	
DUTY STATION ADDRESS <i>105 B Ponderosa Dr. Christiansburg, VA 24073</i>		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY <i>Criders</i>	STATE <i>VA</i>	COUNTY <i>Rockingham</i>	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

inhalation of sodium cyanide

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

livestock pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation]

Common Raven apparently pulled a m44 device

EPA REGISTRATION NUMBER <i>56228-15</i>	PRODUCT NAME <i>m44 cyanide capsules</i>	ACTIVE INGREDIENT <i>91.06%</i>
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) <i>N/A</i>	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

Raven was found w/i 4 feet of a Fired m44 device

NAME OF PREPARER <i>Chad Fox & Mark Robb</i>	SIGNATURE <i>Chad Fox</i>	TELEPHONE NUMBER <i>540-381-7387</i>	DATE <i>4-16-08</i>
NAME OF SUPERVISOR <i>Steve Bunn</i>	SIGNATURE <i>Steve Bunn</i>	TELEPHONE NUMBER <i>804-739-7739</i>	DATE <i>4/16/08</i>

WS FORM 160 (DRAFT)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☒ Bird ☐ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☒ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

raven

BREED (If known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

raven found dead w/ 4 feet of Fired M44 device

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

M44s were set in accordance to policy & 26 EPA use restrictions.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

open pasture w/ sparse wooded vegetation

ADDITIONAL FACTORS

N/A

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE

WS FORM 160B (DRAFT)